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ABSTRACT

Psychologists, psychiatrists, and social workers (N=132, a 53% response) responded to a mailed questionnaire assessing their beliefs and practices concerning self-help as it is affected by professional source of income, practice arena, and demographic variables. The 20-item questionnaire attempted to tap beliefs about the effectiveness and potential for integration and collaboration between self-help and professional help. The results indicated that service arena (public or private) had only limited impact on beliefs, while source of income (salaried or direct fee) produced significant differences, particularly on beliefs about the effectiveness of self-help and the potential for collaboration and integration. Profession of respondents was also found to significantly alter beliefs. Social workers tended to be somewhat more favorable toward self-help than were psychologists. One hundred respondents indicated that over a 1-year period they had referred someone to a self-help group. There appeared to be strong support for self-help groups which dealt with alcohol or drug problems. These results suggest that mental health professionals are mixed in their support for self-help groups. The findings help to identify respondent concerns as they relate to profession, service arena, and source of professional income. Several charts illustrate the data. (NB)

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MENTAL HEALTH PROFESSIONALS' BELIEFS AND PRACTICES TOWARD SELF-HELP GROUPS

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ABSTRACT

A MAIL SURVEY TO 250 PSYCHOLOGISTS, PSYCHIATRISTS, AND SOCIAL WORKERS ASSESSED BELIEFS AND PRACTICES CONCERNING SELF-HELP AS IT IS AFFECTED BY PROFESSIONAL SOURCE OF INCOME, PRACTICE ARENA, AND SEVERAL OTHER VARIABLES. RESULTS INDICATE THAT SERVICE ARENA HAD ONLY LIMITED IMPACT WHEREAS SOURCE OF INCOME PRODUCED SIGNIFICANT DIFFERENCES, PARTICULARLY ON BELIEFS ABOUT THE EFFECTIVENESS OF SELF-HELP AND THE POTENTIAL FOR COLLABORATION AND INTEGRATION. PROFESSION OF RESPONDENTS WAS ALSO FOUND TO SIGNIFICANTLY ALTER BELIEFS.

Aside from the information presented at the 1987 SWPA conference the survey focused on the following additional areas:

* Familiarity with or knowledge of self-help groups.
* Role suitability for professionals involved with self-help groups.

If you are interested in the additional areas of investigation or have specific questions about the research, please forward them to the senior author.

BACKGROUND INFORMATION

Two hundred and fifty Sedgwick County mental health professionals were selected from lists furnished by state regulatory agencies. In order to maximize returns from among psychiatrists and psychologists, all names for those practicing within the geographic boundaries of Sedgwick County were surveyed. A separate random sample of of Sedgwick County social workers was drawn. Of the 250 mental health professionals surveyed, 34 (13.6%) were psychiatrists, 80 (32%) were doctoral level psychologists, and 136 (54.4%) were social workers.

Of the 250 professionals contacted by mail, 141 (56.4%) were received. Seven (5%) of these were returned for one of the following reasons: undeliverable by mail (5), opted not to participate (1), or deceased (1). Of the 134 surveys remaining, two were incomplete and excluded from the analysis, yielding a final return of 132 useable surveys (52.8%).

DEMOGRAPHICS

Of the professionals responding to the survey, a majority (57%) identified themselves as social workers. Of the remaining professionals 36% were psychologists, 5% were psychiatrists, and 1% fell into an other category. Social workers further identified themselves according to licensure levels. This produced the following classifications: LBSW (25%), LMSW (13%), unspecified (12%), LSCSW (5%), and LASW (2%).

In response to an item requesting the degree held (i.e., highest degree held) by the professional, 36% of the respondents possessed a PhD or EdD, 32% had a BA or BS, 26% had a MA or MS, and 5% were MDs.

The service area for the professionals was fairly evenly distributed between private (43%) and public (44%). Around 14% of the respondents indicated overlapping service areas which may be depicted as follows: 4% designated both areas but failed to specify the percentage of time spent in each, 2% claimed 50% of their time was spent in each area, 2% indicated that greater than 50% of their time was in the private area and 6% said that greater than 50% of their time was in the public area.

The average number of years in practice for the professionals responding was somewhere between 6 to 10 years. Responses to this item produced the following percentages: 0 to 5 years (20%), 6 to 10 years (27%), 11 to 15 years (26%), 15 or more years (26%), and not applicable (2%).

The average age of the professionals was 41.6 years. The youngest respondent was 24 and the oldest was 71. The percentage of males and females responding was almost equal (males = 52.7% and females = 47.3%).

In response to an item requesting information about the organizational affiliation of the professional, respondents classified themselves accordingly: community/social service agency (24%), private practice (22%), multiple affiliations (12%), hospital (10%), university (10%), school (8%), other (7%), and outpatient treatment center (6%).

The primary activity for the professionals was in direct service (62%) followed by administration (13%), teaching (11%), multiple activity areas (11%), consultation (1%), and other (1%).

In terms of professional income, most professionals were salaried (63%). Other sources were direct client fees (24%), various mixtures of both salary and client fees (10%), other (2%), and miscellaneous direct sources of income (1%).

The last demographic item asked professionals to describe their theoretical orientations. They responded accordingly: behavioral (31%), eclectic (23%), psychodynamic or similar insight oriented therapies (15%), other (9%), behavioral plus some other single orientation (5%), cognitive/behavioral (4%), systems/family (3%), humanistic or existential (2%), environmental (2%), and several others at 1% (interpersonal, cognitive plus some other single orientation, psychodynamic and some other orientation, humanistic and some other orientation, and cognitive).

Professionals (n=132) responded to twenty statements aimed at tapping beliefs about the effectiveness and potential for integration and collaboration between self-help and professional help. The following depicts the mean response for each statement.

ISSUES OF EFFECTIVENESS:

#	Statement	Mean *
1	By helping others, self-help members may learn to manage their problems.	1.81
4	Members are capable of giving help to each other.	1.89
6	Self-help functions best with therapy.	3.01
8	Self-help is potentially more harmful.	4.55
10	Self-help has not proved to be effective.	4.84
12	Would consider joining self-help group if a group existed for my/families problem.	2.23
13	People should first consult professionals when they experience problems.	2.61
14	Self-help works for most people.	2.90
15	Self-help provides only superficial treatment.	4.04
20	Some problems are better treated by self-help.	2.79

ISSUES OF COLLABORATION AND INTEGRATION:

#	Statement	Mean
2	Self-help groups are a temporary fad.	4.86
3	Self-help and professional methods of helping conflict.	4.61
5	Professionals should refer clients to self-help groups.	2.02
7	Mental health professionals should offer their assistance and knowledge to self-help groups.	1.80
9	Self-help should be treated as a part of a community's mental health resources.	2.06
11	Mental health professionals and self-help groups should work together.	1.86
16	Referrals to self-help should be considered as an alternative to professional help.	3.96
17	Mental health professionals need training/ information about self-help and how best to work with self-help groups.	1.89
18	Self-help should make use of professional knowledge about a given problem	1.77
19	The mental health community is responsive to the role self-help plays in the delivery of services.	3.02

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* 1 (Strongly Agree) 2 (Agree) 3 (Slightly Agree)
4 (Slightly Disagree) 5 (Disagree) 6 (Strongly Disagree)

SERVICE ARENA AND INCOME SOURCE

SERVICE ARENA	(Means) Private (n=58)	Public (n=64)	t	df	p
Effectiveness:					
None of the statements proved statistically significant. However, mental health professionals in the private service arena gave responses slightly less positive and slightly more negative than those in the public arena.					
Collaboration And Integration:					
Referrals to self-help = an alternative (16)	4.14	3.66	1.91	120	.059
Mental Health Community Responsive (19)	3.23	2.80	2.35	115	.021

INCOME SOURCE	(Means) Client Fees (n=33)	Salaried (n=87)	t	df	p
Effectiveness:					
Consider joining (12)	2.61	2.12	1.95	117	.054
Self-Help has not proved effective (10)	4.55	4.93	-1.86	117	.066
Superficial treatment (15)	3.70	4.22	-2.43	117	.017
Certain problems better treated by self-help (20)	3.31	2.62	2.88	114	.005
Collaboration And Integration:					
Referrals to self-help = alternatives (16)	4.70	3.68	3.79	118	.000
Groups should make use of professional knowledge (18)	1.52	1.87	-1.97	118	.052

PROFESSION: PSYCHOLOGIST VS SOCIAL WORKER

PROFESSION	(Means) Psych. (n=47)	S.W. (n=76)	t	df	p
Effectiveness:					
Capable of giving help (4)	2.17	1.76	2.96	121	.004
Function best with therapy (6)	2.63	3.19	-2.66	119	.009
Potentially more harmful (8)	4.15	4.79	-3.29	120	.001
Self-help has not proved effective (10)	4.60	4.93	-1.80	119	.075
Consider joining if I had problem (12)	2.62	2.05	2.52	120	.013
Should first consult professional (13)	2.28	2.89	-2.48	121	.014
Works for most people (14)	3.16	2.79	1.99	118	.049
Superficial treatment (15)	3.63	4.29	-3.41	120	.001
Certain problems better treated by self-help groups (20)	3.22	2.58	2.99	118	.014
Collaboration And Integration:					
Professionals should refer to self-help groups (5)	2.22	1.93	1.85	120	.067
Professionals need training & information about self-help (17)	2.21	1.71	3.22	121	.002

REFERRALS TO SELF-HELP GROUPS

One hundred (100) professionals indicated that over a one year period they had referred someone to a self-help group. Most had made more than one referral. The mean number of referrals among these professionals was 6.02. Three specific group comparisons are noted below:

REFERRALS: GROUP COMPARISONS

SERVICE ARENA:

(Means)		t	df	p
Private (n=37)	Public (n=37)			
4.92	7.14	-1.24	72	.220

INCOME SOURCE:

(Means)		t	df	p
Fees (n=21)	Salary (n=53)			
4.52	6.64	-1.09	72	.281

PROFESSION:

(Means)		t	df	p
Psych. (n=28)	S. W. (n=47)			
4.64	5.71	-0.80	73	.426

Although none of the differences were statistically significant, it is worthy to note that some professionals may be more inclined or professionally situated to refer to self-help groups. Additional research is required.

As a further line of investigation, effort was made to determine which types of self-help groups received more referrals and if certain professionals were more disposed toward any of these.

GROUP CATEGORIES RECEIVING REFERRALS

Among the 100 professionals indicating a referral had been made to a self-help group, 213 groups or types of groups were designated as the beneficiaries of these referrals. Noted below are the number and percentage of referrals for each group category.

CATEGORY	RESPONSES	% OF TOTAL *
Alcohol/Drug Groups	55	25.8
Child Abuse/Incest	27	12.7
Mental Health	20	9.4
Parenting	18	8.4
Medical Support Groups	16	7.[redacted]
Bereavement	13	6.1
Parents of Children W/Problems	10	4.7
Women's Issues	8	3.8
Eating Disorders	8	3.8
Family, Pregnancy, etc.	8	3.8
Miscellaneous	5	2.3
Singles	5	2.3
Marriage/Divorce	4	1.9
Smoking, Weight Loss	4	1.9
Adoption	3	1.4
Child Custody	3	1.4
Aging/Elderly	3	1.4
Physical Disability And Injury	2	0.9
Widows/Widowers	2	0.9
TOTAL	213	100.4%

(* Percentages may not add to 100% due to rounding errors.)

DIFFERENCES IN REFERRALS

When proportional comparisons were made between the respective groups of professionals the following differences were noted:

SERVICE AREA: (Total Responses = 198)

Category	(104 responses) Private (% of Response)	(94 responses) Public (% of Response)
Abuse/Incest	10%	18%
Parenting	6%	12%
Mental Health	7%	11%
Medical Support	9%	4%
Women's Issues	6%	2%
Parents of Children W/Problems	7%	3%

INCOME SOURCE: (Total Responses = 198)

Category	(56 responses) Client Fees (% of Response)	(142 responses) Salaried (% of Response)
Alcohol/Drugs	30%	23%
Abuse/Incest	11%	14%
Women's Issues	7%	3%

PROFESSION: (Total Responses = 197)

Category	(70 responses) Psychologist (% of Response)	(127 responses) Social Worker (% of Response)
Alcohol/Drugs	30%	22%
Abuse/Incest	7%	17%
Bereavement	1%	9%
Eating Disorders	9%	1%
Women's Issues	7%	2%

Thus, while professionals may not be too dissimilar in the number of referrals they make to self-help, there does appear to be a selectivity factor as to which groups receive their referrals. Explanations for this remain to be determined.

CONCLUSIONS AND IMPLICATIONS

* Professionals in the sample basically viewed self-help as having effective helping value.

* However, a few of the responses (i.e., self-help functions best with therapy and people should first consult a professional when they experience problems) reveal an uneasiness about the efficacy of self-help when it is not tied to professional help.

* Issues regarding the potential for integration and collaboration also received modest approval. It was interesting to note a postive desire among professionals to learn more about self-help groups and how to work with them.

* Again, though, some issues (referrals to self-help as alternatives and the responsiveness of the mental health community to self-help) were met with a little more reservation.

* Social workers tend to be somewhat more favorable than psychologists.

* Service area seems to make little difference on beliefs, whereas income source had a moderate impact.

* While there were no significant differences in the number of referrals, some professionals were more favorable toward certain groups.

* These differences may represent biases or concerns about certain types of self-help groups, simple facts about the client population served by the respective professional or some other possibility. This finding requires further investigation.

* Of particular interest was the finding for the strong support of alcohol/drug groups, groups often characterized as "antiprofessional" or "nonprofessional" in their treatment emphasis.

* The results of this study support other findings that mental health professionals are somewhat mixed in their support for self-help groups and helps identify what some of their concerns are as they relate to profession, service arena, and source of professional income.